DOCUMENT RESUME

ED 205 340 RC 012 856

AUTHOR Hutinger, Patricia, Ed.
TITLE What's Rural? An Overview of Successful Strategies Used by Rural Programs for Young Handicapped Children. Making It Work in Rural Communities. A Rural Network Monograph.
INSTITUTION Western Illinois Univ., Macomb. Coll. of Education.
SPONS AGENCY Office of Special Education (ED), Washington, D.C.
PUB DATE Jun 81
GRANT G007801853
NOTE 36p.: The Handicapped Children's Early Education Program (HCEEP) Rural Network is an association of professionals representing educational programs for young handicapped children in rural communities.
AVAILABLE FROM Rural Network, College of Education, Room 27, Horrabin Hall, Western Illinois Univ., Macomb, IL 61455 ($4.25).

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Accessibility (for Disabled): Administrative Problems: *Delivery Systems: *Disabilities: Early Childhood Education: Elementary Education: Faculty Mobility: Financial Support: Health Services: Individualized Education Programs: Questionnaires: *Rural Areas: *Social Services: *Special Education: Special Programs: Student Transportation: Teacher Recruitment: Transportation: Young Children

ABSTRACT

The findings of three surveys (Conference Planning Survey, Demographic Survey and Rural Project Survey) designed to assess the state of the art of rural programs for young handicapped children reveal that the most critical issues faced by rural service providers are transportation, recruiting staff for rural areas, and securing funding for rural programs. The most critical issues faced by families are transporting children to services, obtaining appropriate services, knowing about available services, paying for services, and being isolated from services and other parents. The most effective strategies for delivering services/programs to children and their families in rural areas are: using a home-based approach: training parents as the primary therapist: establishing an interagency communication, coordination and referral system: establishing easy communication, maintaining consistent contact, and providing follow-through with families: and providing both classroom and home-based options. Data from the Demographic Survey provide numerical descriptions of 41 projects (31 publicly funded, 10 privately funded) which serve approximately 2,600 children, ranging in age from birth to 11 years. A copy of the Rural Project Survey instrument and the project names and addresses of the Demographic and Rural Project Survey respondents are appended. (NEC)

ED205340

MAKING IT WORK IN RURAL COMMUNITIES

What's Rural? An Overview Of Successful Strategies Used By Rural Programs For Young Handicapped Children

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RC 012856

A Rural Network Monograph
Coordinator: Patricia Hutinger,
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About the Rural Network Monographs

The State of the Art Task Force has as its responsibility the collection and distribution of information related to effective strategies for delivering services to rural young handicapped children and families. During 1980 - 81, a series of monographs was undertaken by contributors across the country under the editorial direction of Patricia Hutinger. Contents of the first set of monographs (see back cover) reflects the most pressing needs of rural HCEEP projects. Other topics are under consideration by members of the Rural Network and will be forthcoming.

This monograph was developed pursuant to grant G007801853 from the U.S. Department of Education. Those who undertake such projects under government sponsorship are encouraged to express freely their judgement in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official Department of Education position or policy.

OSE Project Officer, Sandra Hazen

June 1981
The Rural Network
Western Illinois University Press

A RURAL NETWORK MONOGRAPH

WHAT'S RURAL? AN OVERVIEW OF SUCCESSFUL STRATEGIES USED BY RURAL PROGRAMS FOR YOUNG HANDICAPPED CHILDREN

by
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Alice Kutcher
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Editor: Patricia Hutinger

June, 1981

hceep Rural Network

PREFACE

This monograph is a beginning. It not only reports the results of early data collection about rural programs for young handicapped children, but also it provides a resource for the development of more precise questions. A number of people have worked long hours to collect and analyze the data reported here. It is, we hope, an overview of rural problems and their solutions ("best practices") as viewed by rural projects themselves. Data reported here were collected prior to December, 1980 so they do not reflect some of the concerns related to the economic and social climate of 1981.

We sometimes hear that rural problems are overemphasized but those of us who work in rural areas know that there are unique problems to be solved. And we know that our rural programs are quite different from those in big cities--in Chicago, in Detroit, in Los Angeles, or in Phoenix. We also know that the rural farmlands of Illinois and Iowa are different from the rural mountainous areas of Appalachia or the wide open spaces of the Dakotas, Montana, and Wyoming or the forests of New York, so approaches must be different.

Some readers may well say, "Oh, we have those problems in cities too." That may be true, but rural problems remain. Just as there are similarities among children who demonstrate developmental delays and exceptionalities and children who are not handicapped, there are similarities among programs for rural populations and those focused on urban areas. This monograph primarily deals with the differences, providing an overview of rural problems and solutions. Other monographs in the Rural Network series deal in depth with the issues reported here in summary form

June, 1981
Macomb, Illinois

Patricia Hutinger

We wish to acknowledge and thank the following individuals for their assistance in the analysis and summary of the Demographic Survey and the Rural Project Survey results:

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WHAT'S RURAL? AN OVERVIEW OF SUCCESSFUL STRATEGIES USED BY RURAL PROGRAMS FOR YOUNG HANDICAPPED CHILDREN

Patricia Hutinger
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Bonnie Smith-Dickson
Barbara Hanners

What's rural? Who's rural? What really happens out there in remote areas with handicapped youngsters? Do rural areas have services for the youngest handicapped? What's wrong with being rural? What's right? Is rural different than urban? In what ways? These were the questions faced by members of the Rural Network in its early stages. In order to answer them, a series of three surveys was conducted which began in the fall of 1979. The earliest was the Conference Planning Survey (TADS/WESTAR), next was the Rural Project Survey (Hutinger), and then the Demographic Survey (Garland).

The OSE-HCEEP projects are served by two technical assistance agencies, TADS and WESTAR. These two agencies surveyed the member projects of the then relatively unstructured and unofficial Rural Consortium (now the HCEEP Rural Network), in the fall of 1979. The purpose of the Conference Planning Survey was to determine the most critical issues faced by rural projects in service delivery, as well as those confronting the families of the children served by the projects in order to plan for the first Rural Workshop.

The results of the survey were not unexpected. The projects (the service providers) suggested that it was difficult to recruit staff to serve in isolated rural areas and that funds to support services were difficult to obtain. Project directors indicated that they and the families they serve viewed transportation, both to existing services and from the service centers to family homes, as a major problem. Directors reported that families not only had difficulty obtaining appropriate services, but also had trouble finding out about services available and being able to pay for them. Family problems reflected a sense of the family's isolation not only from needed services, but also from the support they might obtain from other families with similarly handicapped children. However, the survey also suggested that there are some unique strengths in rural communities which might lend themselves to the development of solutions to some of these problems.

As part of a Task Force on Best Practices effort to collect data about effective solutions to problems of rural projects, two member projects, the Macomb 0-3 Regional Project of Macomb, Illinois and the Williamsburg Area Child Development Resources Project of Lightfoot, Virginia, developed two survey instruments which built upon the original Conference Planning Survey. Patricia Hutinger of the Macomb Project developed the Rural Project Survey

which contains open-ended questions about solutions to the problems noted in the TADS/WESTAR Survey, so that rural projects might share their hard-earned experience and knowledge. The Williamsburg program sent out a Demographic Survey devised by Corinne Garland which was intended to elicit descriptions of the projects. A number of projects participated in the original analysis of the Rural Project Survey; their analyses are reflected in this monograph.

What Do You Mean, "Rural"?

The Rural Project Survey uncovered the fact that rural turned out to be many things to many people. Responses were candid and interesting, and frequently defined "rural" operationally. Rural families deal with their problems in special ways, as noted by Barbara Hanners, Project Rural, Columbus, Mississippi, in her reply to the Rural Project Survey:

> Rural families are often monetarily poor, in the sense that they have little or no ready cash resources, but they often have land and can provide themselves with some basic needs from land use of one kind or another. Urban poor seem to suffer from a lack of such hidden alternatives and seem to me to have a "poverty of the soul" which does not exist among rural poor families. There is often a more readily identified family structure in rural areas, and this suggests people who are often more capable of coping with their problems, which in turn means that they are often less likely to seek and/or accept outside assistance.

"Rural" elicits different pictures, and presents distinctive situations. Descriptions vary:

> Kansas <u>is</u> rural!
>
> Holmes County is so rural that many residents drive horse and buggies and pump water into their homes by hand. The majority of the people served are Amish.
>
> Where the superintendent is also elementary principal--where Special Education students are sent out - where the superintendent and director of transportation know where every family lives - who is owner of a rental farm and who rents and who moved into the district since the last census and if they have children.
>
> A region wherein the great bulk of the population resides in unincorporated areas and/or has no access to urban services such a public waste disposal, public water service, or publicly maintained sidewalks.
>
> Three counties in southwestern New York state, bordering on Pennsylvania. Four major population areas, with maximum population 44,000. Amish population, Indian reservation, Puerto Rican migrant population, large black population in Jamestown.

> In Nevada anything outside of Las Vegas and Reno, and in New Mexico anything outside of Santa Fe is considered rural.*

Related Results

The earliest Conference Planning Survey results determined that the three most critical issues faced by rural service providers are 1) transportation, 2) recruiting staff for rural areas, and 3) securing funding for rural programs (Black, et al, 1980). Another study, unrelated to the Rural Network, which was made by the National Rural Research and Personnel Preparation Project (Helge, 1981), and referred to in this paper as the Helge survey, supports these findings by showing similar problems affecting rural local education agencies and cooperatives attempting to implement comprehensive special education programming. State school officials reported the most difficulty in three categories: 1) staffing problems, 2) attitudinal variables, and 3) problems based on rural geography.

Additionally, in the Conference Planning Survey the most critical issues faced by families were reported by the project directors to be the following:

1. Transporting children to services
2. Getting appropriate services
3. Knowing about available services
4. Paying for services
5. Being isolated from services and other parents

The Helge Survey showed that the most serious problem identified by state education agencies was the prevalance of long distances between rural schools and special education services. Seventy-nine percent of the schools surveyed reported distances to be a critical factor. The problem was compounded in schools with insufficient numbers of handicapped students to justify financially the employment of full-time special education staff or consultants. State education agencies reported that service delivery involved either long bus rides for handicapped students or an unusual amount of travel time by itinerant specialists. The first alternative in practice had serious implications in light of the least restrictive environment requirement of P.L. 94-142, and use of the second alternative raised questions in many instances concerning the appropriateness of sporadically delivered services.

Both the Conference Planning Survey and the Helge Survey indicated that staff recruitment is a major problem for rural programs. In the Helge Survey, which gave results obtained from rural school agencies and cooperatives, 94% of the states participating indicated that recruitment was a great obstacle in implementing full services to handicapped children. Many state officials expressed doubts that this problem could ever be resolved without changing current teacher certification regulations. Social isolation, extreme weather conditions, inadequate housing, and low salaries created conditions that made it very difficult to employ special education staff in many rural schools. It was also noted that many rural special education

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* These responses were taken directly from the Rural Project Survey

staff members hired were young and inexperienced. Social and cultural isolation reportedly encouraged most of these teachers to abandon the rural schools as soon as openings were available in more urban settings. Some states estimated an annual teacher turnover of 30-50% with almost complete turnover every three years. Attrition rates such as these have serious ramifications for personnel development and program stability. Helge's findings serve to support the results of the Conference Planning Survey, and to reinforce the findings of the Rural Project Survey and the Demographic Survey.

Method

Materials. Two survey instruments were used. The Demographic Survey yielded numeric descriptions of rural projects. The Rural Project Survey was an open-ended, exploratory questionnaire which asked directors of rural projects to describe solutions to the problems identified in the Conference Planning Survey. Although its purpose was to uncover effective practices used by rural programs, it also provided an opportunity for respondents to describe problems. The Rural Project Survey is contained in Appendix A.

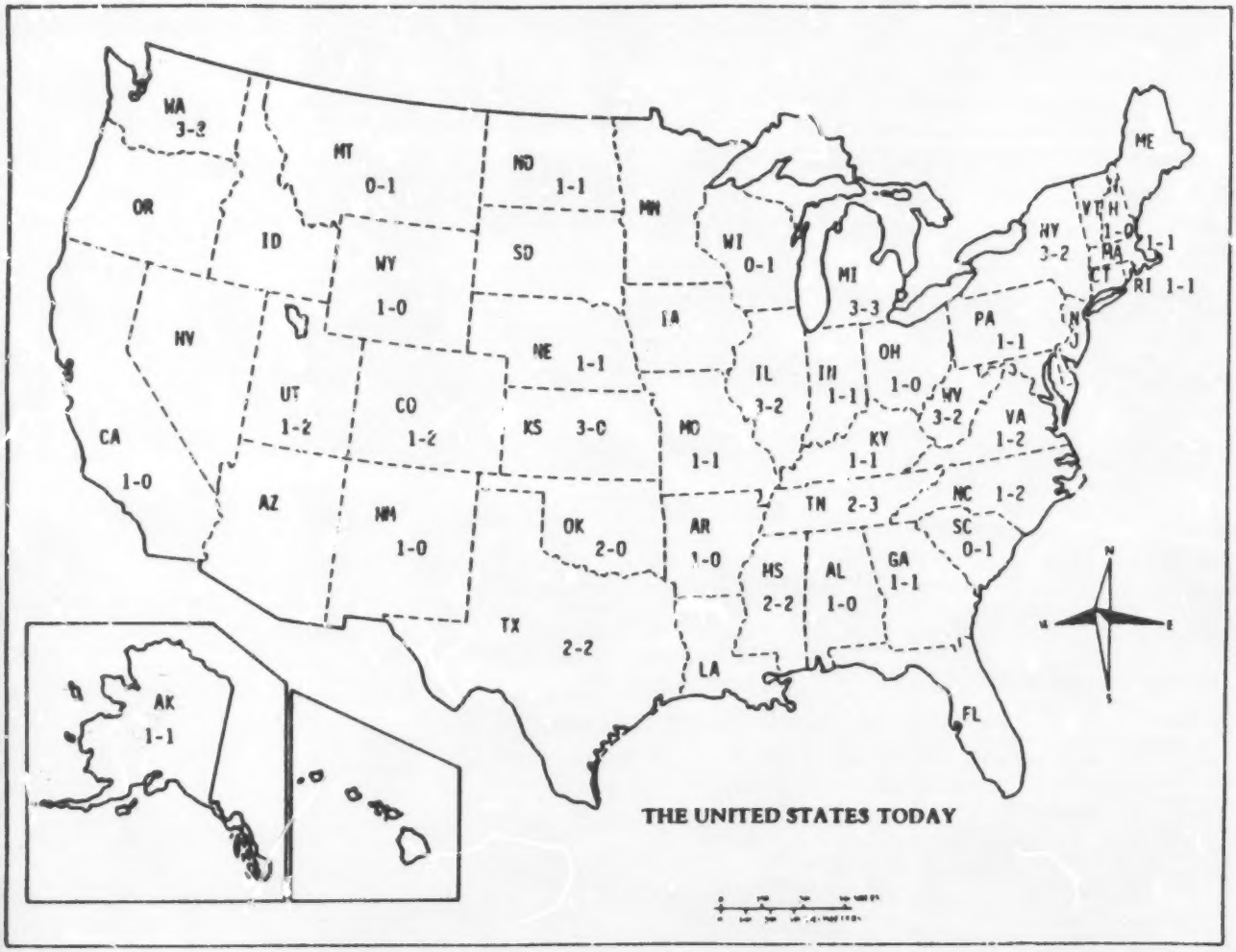
Procedures. Both questionnaires were mailed to HCEEP projects which identified themselves as rural on the Conference Planning Survey. Self-addressed envelopes accompanied the questionnaires. Follow-up phone calls were made if the projects had not responded by the deadline.

Samples. The Demographic Survey was sent to 66 projects, self-selected as rural. The 41 listed (66% response) in Appendix B responded to the questionnaire. Data includes information from 23 demonstration projects, 11 outreach projects, and seven projects emeriti (those projects that were funded federally and have now gone to local funding) in 25 states.

The Rural Project Survey was developed for the Rural Network State of the Art Task Force and sent to the same 66 projects. The respondents (48 in all) are also listed in Appendix B. Multiple answers to some questions were given by individual respondents.

Figure 1 shows the geographic distribution of projects responding to either or both of the questionnaires. Four projects in each of two states, Tennessee and New York, responded. Colorado, Illinois, Kansas, Michigan, Texas, Washington, and West Virginia returned three responses each.

Figure 1. Rural Project Survey and Demographic Survey
Geographic Distribution of Responding Projects[1]



[1]First number indicates responses to Macomb Rural Project Survey
Second number indicates responses to Demographic Survey

Results of the Demographic Survey

Children Served

The children served by responding projects range in age from birth to eleven years, with one agency providing assistance until death (MAPPS--Multi-Agency Project for Preschoolers, Outreach). A total of approximately 2,600 children participate in these programs; the average size of each demonstration project is 42 children; an outreach project averages 63 children and the projects emeriti serve about 140 children per project. (See Table 1)

Table 1

Total Number of Children Served by Projects Involved in the Demographic Survey

	Total	Average Per Project, x=	Range
Demonstration	922	42	6-89
Outreach	606	63	9-198
Emeritus	982	140	25-525
Total	2510		

Service Delivery Models and Agencies

Seventeen of the responding projects are both center and home-based; 14 are soley home-based, and 10 are center-based. (See Table 2)

Table 2

Number of Program Models in the Demographic Survey

	Home-based	Center-based	Both Home-, Center-	Other
Demonstration	5	5	13	--
Outreach	7	2	2	--
Emeritus	2	3	2	--
Total	14	10	17	0

More projects are public rather than private; however, 50% of the projects emeriti are private, whereas most demonstration projects responding are public projects. (See Table 3)

Table 3

Number of Each Type of Agency in the Demographic Survey

	Public	Private
Demonstration	19	4
Outreach	9	2
Emeritus	3	4
Total	31	10

Sources of Funding

The projects in the Demographic Survey show great resourcefulness in the area of funding. OSE (Office of Special Education) provides funds for roughly half of the projects (25 out of 40). On the average, demonstration projects have approximately 1.5 sources of funding, outreach projects use 2.1 sources for continuation of direct services and projects emeriti have 2.6 sources. Nineteen of the 40 projects listed, again almost half, currently are funded solely by one source. Twelve demonstration, five outreach and two emeriti projects relied on only one source of funding during 1979-80. (See Table 4) Further information on funding of projects is contained in the Rural Project Survey results on pages 11-12.

Table 4

Sources of Funding for the Projects Responding to the Demographic Survey

	Demonstration	Outreach	Emeritus	Total
Sources				
Office of Special Education (includes HCEEP)	18	5	2	25
State Education Agency	3	3	1	7
Local Education Agency	3	2	2	7
Intermediate Education Agency	1	0	1	2
Department of Developmental Disabilities	2	2	1	5
State Department of Mental Health and Mental Retardation	2	3	3	8
Department of Social Services	0	0	2	2
Other Federal and State Funds (unspecified)	4	1	1	6
Private Non-Profit Agencies (not named)	2	1	0	3
Private Contributions	0	1	2	3
United Givers Fund	0	2	0	2
Easter Seal Society	0	0	1	1
Other:				
Michigan Adoption Network	0	1	0	1
Universities	0	1	0	1
Headstart	0	0	1	1
Service Organizations	0	0	1	1
Parent Fees	0	0	1	1
Total	35	22	19	76

Results of the Rural Project Survey

The results of the Rural Project Survey were intended to provide a broad overview of effective practices used by rural projects in solving the problems identified in the earlier Conference Planning Survey. Specific monographs, developed in response to those problems, are a part of the Rural Network monograph series and provide in-depth treatment of the topics.

Results are organized according to practices used by service providers in solving critical problems, followed by strategies used to solve the critical problems families face. A section related to problems and solutions not expressed in the Conference Planning Survey is then followed by the practices projects listed as "The Three Most Effective Strategies for Use in Rural Areas."

Since the purpose of this survey was exploratory in nature, the open-ended format provided a wide range of responses. In order to keep as many bits of information as possible, generally data were not collapsed into large categories. The flavor of the responses, as well as the broad range of ideas, was retained as much as possible. Later work can become more specific and responses cataloged, using the present study as a source for research questions.

Solutions for Service Providers' Problems

The Conference Planning Survey findings illustrate the three most critical problems faced by rural service providers. In order of importance, they are the following:

1. Transportation
2. Recruiting staff for rural areas
3. Securing funding for rural programs

Transportation. The transportation problem has been most commonly solved by the use of a home-based program for services. However, even children in home-based programs need transportation for special diagnostic and assessment procedures and for medical appointments. Nineteen percent of the project respondents use staff vehicles and staff carpools. Some transportation and travel monies are provided in budgets for home-based services. Six percent of the projects have procured vehicles for service delivery (one is a gas-efficient, front-wheel drive for trips to remote areas; two are mobile classrooms). Home visits are scheduled carefully so all families in a given area are visited the same day. One project hires and trains a specialist near the child's home to minimize transportation costs.

Transportation for center-based projects has been arranged in a variety of styles. Ten percent of the projects have the parents bring the children to school (in at least one instance, the parents stay and are involved in the program session). Thirteen percent of the projects reimburse parents for mileage to bring their children to the center or to a medical appointment. Car pools and/or volunteer drivers are also used by the projects. Parents form transportation committees and babysitting groups to assist with the problem. Four percent of the responding projects employ full-time drivers.

Some of the responding projects reported that they enlist the assistance of outside sources for their transportation. Ten percent of the projects arrange transportation through the child's "home" school district. The children in classrooms for three to five-year-olds ride regular school vehicles; the children from birth to five in the home-based programs are transported by their parents or by community agencies to medical appointments or to centers for special diagnosis or treatment. A special bus and accompanying aide are provided by county school systems in 8% of the projects. Contracts for transportation with Headstart Centers, local preschools, Red Cross, Volunteers for Community Action or Green Thumb projects are also used by a few projects, while Title XX, family court petitions for transportation for eligible children and public-funded transportation systems are used by other projects.

Projects reported also that they employed strategies to better use what transportation they had available or to save on transportation. Clustering children in a satellite center close to home and providing multiple services in one center are methods found to be useful in saving on transportation. Another type of solution offered was scheduling buses to run earlier so that children spend more time at the center or having parents meet at school after hours to allow the children to work with other staff when time would not ordinarily be available.

Staff recruitment. The solution used by 13% of the respondents to the Rural Project Survey regarding the problem of staff recruitment is to hire local permanent residents and train them on the job rather than to import staff. Thirteen percent of the projects are located in an academic community. There, positions can be advertised in the university setting; staff can attend university career day programs. Applicants can sometimes be offered a dual university/grant appointment (depending on university requirements). One project attempts to hire trained people who have moved to the area with their spouses. Four percent of the projects offer student training programs that offer clinical affiliations and student teaching. University staff can also be brought to local communities to train staff from within the community.

Several other recruiting techniques were cited: advertise in newspapers, both locally and in nearby urban areas; recruit at state and national conferences; use local contacts within particular disciplines to spread word of vacancies; recruit from within school district personnel and re-train; and contact parents for suggestions on personnel possibilities. Four percent of the projects utilize the state's merit system register and advertise at the state civil service level.

Ten percent of the projects stated that a friendly staff involved in the interview process makes a friendly impression on candidates. Careful interview techniques help identify those willing to provide services in a rural setting. One project emphasizes to potential staff members that they are within 40 miles of a city without having to live there.

Some other incentives given to attract staff to rural areas include the offering of good salaries and staff development plans, including the opportunity to obtain college credit while on the job, professional leaves to attend workshops, and tuition grants. Flexibility for staff on working hours, holidays and increased support aids in the retention of staff. Supplements to existing state salaries are sometimes offered, as are adequate mileage reimbursements which help guarantee contented personnel within a program.

Staff-oriented solutions include basing the team in a larger town and sending one person out for service delivery. A staff member who speaks the local minority group's language, has a surname common to the local ethnic group, or grew up in the region or in the surrounding area was cited as an effective means of helping other staff members within a community and as a way of achieving communication, interest and credibility within the community itself. Cooperative services with other school districts, contracting professionals on an "as needed" basis, and contracting with local hospitals or with other human service agencies for needed services were also mentioned by respondents as a means to lessen staff overload.

Funding. Securing funding for rural programs ranked as the third major problem of rural service providers. In an austere economic climate in which everyone watches his/her budget closely, funding for programs such as early childhood handicapped rural service delivery programs is very tight. In the past, rural service providers have had to use their imaginations and all available resources. This is realized to become even more of a necessity in the near future.

Many respondents to the Rural Project Survey approached public agencies for funding help at local, state and federal levels.

Local: Community Mental Health, Family Court, Health Department local and county school districts and local tax funds.

State: State Educational Agency, IV-C Welfare, Health Department, Commission for Children, Developmentally Disabled Council, Mental Health Board, Mental Retardation Board, Special Education Department, Federal Assistance Department, State Representatives' Office

Federal: Office of Special Education, National Institute for Mental Health

Fraternal organizations and charitable organizations (United Way, Easter Seal Society, Association for Aid to Crippled Children, United Cerebral Palsy) are also seen as good funding sources. Industries and influential local citizens can be approached for help. Private foundations were listed by 8% of the respondents as prospective grantors.

As numerous as the agencies contacted are the methods of fund raising used by projects. A strong dissemination component and demonstration activities result in public awareness (mentioned by 4% of the projects). One project works to increase taxpayers' involvement. Eight percent of the projects reported charging a fee for services, while in other projects parents help with fund raisers.

The local library often carries reference materials on trust funds available. ERIC (Educational Resources Information Center) can be used to obtain copies of successful proposals. One respondent to the survey suggested trying for a small grant to get a "foot in the door," then going after other funds. Public awareness of a project's activities and goals often induces collaborative efforts on grant application with other social programs. A program can be presented as parent/family, not preschool, to tap other than state educational agency funds.

Most projects responding to the problem of funding reported using innovative ways of limiting costs to more effectively use the resources they had available. These solutions included using the most cost effective service delivery practices possible, sharing responsibilities with other programs, using donated space when it is available, and donated services, transportation and materials. Seventeen percent of the projects attempt to regionalize, forming consortiums and cooperatives to save money. One project indicated that expenses can be kept down with a computer-assisted cost management system. Another slant on funding is the saving of resources through the use of rented space to provide services to the handicapped when donated space is not available.

Solutions to Problems of Rural Families

The Conference Planning Survey found the problems listed in order below to be the most critical problems faced by rural families:

1. Transporting children to services
2. Getting appropriate services
3. Knowing about available services
4. Paying for services
5. Being isolated from other services and other parents

Transporting children to services. The solution listed by 42% of the respondents to the problem of transportation of children was to use social service agencies and volunteer organizations to pay for or to provide transportation: LEA's, senior citizens' groups (Green Thumb), parent aides,

Family Court, Department of Transportation, Older Americans' bus. Staff does at least some of the transporting for 35% of the projects; one project has an infant program car; one has a van. Parents do the driving for 21% of the programs; 13% of the projects reimburse parents for driving. Another solution is to take the services to the family via a home-based project or a satellite center close to the family. Clinics and services can be rotated through several towns. Other methods include use of volunteer drivers and/or car pools, public transportation and hiring a driver.

Obtaining appropriate services. When project directors were asked for solutions they used to get appropriate services to families, they pointed to the following strategies. The first step in obtaining appropriate services is to make parents aware of available services, and agencies aware of a child in need. Parents can then be encouraged to seek services and to lobby for their child's needs. The most commonly used strategy for delivery of service (29% of the projects responding) is staff advocacy and case management, including referral to appropriate agencies and suggestions for the development of new services. Thirteen percent of the projects indicated that the use of interagency staffing conferences and interagency cooperation lead to more appropriate services. Medical resources are drawn from the local community and shared among districts. Community agencies are used for diagnostic and evaluation work in 8% of the projects. In some instances, the project staff provides its own diagnostic services; in others, the project pays for these services. Diagnostic and other specialized services are sometimes contributed by other professional community agencies.

Knowledge of available services. The third problem for families is knowing about available services. The solution found by 21% of the projects is to maintain a resource file or a directory of services because, as they indicated, it is necessary to know and to understand the community and state resources that are available. Inservice training on various related subjects was listed by 7% of the projects. Fifteen percent of the projects stated that they serve on interagency councils and groups, have interagency staffings, offer their services to other agencies, and ask questions. They work to keep the channels of communication with other agencies open. In order to get the information about available services to the public, project staff talk to small interest groups, write newspaper articles and brochures, and keep the project advisory board informed. Projects conduct "child find" campaigns (in one instance it is free developmental screening in a shopping center) and attend the community health fairs. Information is disseminated to parents via newsletters, written notes, direct contact, and use of a central referral telephone number. Families are given brochures to familiarize them with local and state resources.

Paying for services. Another problem for families brought out by the TADS/WESTAR survey is paying for services. Replies to the Rural Project Survey revealed that most often (63%) services are paid for by federal, state and local agencies, both public and private, including Supplemental Security Insurance, Medicaid, Welfare, March of Dimes Easter Seal Society, Association for Aid to Crippled Children, regional center, and service organizations. Twenty-seven percent of the projects reported no charge

for services; 15% listed private insurance. Other methods of payment included a sliding fee scale, third-party payment, and the use of a barter or "payback" of time and skill rather than money. One project in Oregon has the parents pay an initial fee for each session of which they get back half for completing data and half for coming to each therapy session.

Isolation of families. To solve the problem families have of isolation from other services and other parents, the most common solution given was parent meetings (50% of the projects). Newsletters, home visits and group meetings at centers or satellites are also used. Sharing centers, a bi-monthly parent-child activity group based on the cooperative nursery school concept, and family-to-family support were also mentioned. Four percent of the projects use video tapes for inservice of parents in the home. "Family Day" programs are held. Parent workshops and parent advisory councils are other ways of dealing with the isolation families feel in working with their handicapped child.

Other Frequently Mentioned Problems

The Rural Project Survey gave respondents an opportunity to disclose individual problems as they related to those faced by families. The most commonly named problem (indicated by 13% of the respondents) was that of parents not feeling their child is handicapped. The solutions given for this problem were to have the screening/diagnostic evaluator provide more information to the parents and to provide counseling with a psychiatric social worker and a clinical psychologist. Four percent of the projects indicated that they have been seeking techniques to convince parents and the medical community of the urgency of early intervention and structure.

Critical problems of adequate supplementary services, e.g., psychological educational assessments, hearing and vision testing were mentioned by 4% of the respondents, while two other projects cited frustration because available services were not used. Another problem is the lack of willingness or the inability on the part of the parents who are themselves mentally/educationally handicapped or lack the knowledge and communication skills to communicate with the service providers or to obtain services. Constant relocation of families and refusal of services were also mentioned. One project cited a lack of available respite care.

The responding projects also indicated individual problems they have encountered in trying to carry out their work. Legislation and regulation, both too much and too little for interagency planning/cooperation, were listed as problems by 10% of the respondents. The familiar laments about travel costs, space limitations, phone costs and not enough time to fulfill their goals were also given. Paper work and lack of funding for curriculum development were noted.

Most Effective Service Delivery Strategies

Apart from the questions of the most critical problems to rural service providers and the methods they used to combat these problems, the Rural Project Survey asked the service providers what they found to be the most effective service delivery practices. This general, open-ended question led to a number of interesting, sometimes unique, but always positive responses. Here is where we found the influence of "ruralness" prevailing most strongly. Here we got enthusiastic responses, responses which seemed

to indicate that the service providers had full confidence in what they were doing and, for the most part, had the support and the help of the rural families and communities behind them.

The five most effective procedures, practices or approaches in delivering services/programs to children and their families in rural areas cited are as follows, with samples of individual comments made regarding these strategies.

1. Use a home-based approach (29%)
   - Home-based programs provide services to families in a familiar environment
   - Bring services to families with center-based activities to clusters of families
   - Provide training to parents in the home
   - Most advisable for children 0-18 months or children living in areas too sparsely populated to support a center-based program

2. Train parents as the primary therapist (29%)
   - Parents participate in planning and implementation of the program
   - Parents trained and are responsible for teaching and documentation
   - Make family albums--scrapbooks with pictures of family activities
   - Have family days--scheduled programs with planned activities

3. Establish an interagency communication, coordination, and referral system (27%)
   - Use resources available through state agencies
   - Use part-time professionals from other agencies in the child's community
   - Use other rural agencies to assist in locating and referring children such as, Department of Public Health, Association for the Aid of Crippled Children, Department of Developmental Disabilities
   - Communicate effectively with the medical community--involve them in early identification and treatment
   - Interagency advisory council for communication

4. Establish easy communication, maintain consistent contact and provide follow-through with families (6%)
   - Use newsletters, toll-free numbers to call, materials and information that can be mailed
   - Daily contact with parents when they bring children to school establishes good rapport
   - Reliability and continuity are vital
   - Both formal and informal contacts

5. Provide both classroom and home-based options (15%)
   - Being available to families as they need us--in the center or in the home
   - Center-based with home-based follow-up

Other effective strategies were also listed, though less frequently, by the project directors surveyed. For example, 10% of the projects stressed the importance of providing comprehensive services, including health, transportation, education, social services and nutrition. Babysitting

services for siblings of participating parents was also listed. In home-based programs effective strategies mentioned were demonstrating and pointing out good health practices; use of a highly structured home visit to relieve anxiety of clients; acknowledgement of other siblings by providing toys and activities for them during visits; the use of effective teaching materials and methods (a way to demonstrate progress to parents). Another suggested practice was the use of extended family members in home enrichment activities for the handicapped member.

Provision for a continuum of services from infancy and provision of resource special education to children in regular day care, Headstart and kindergarten groups were mentioned. Where day care and preschool are not available, peer interaction groups were organized so children could develop social skills. In addition, programs were administered through educational cooperatives serving a group of school districts with pooled resources. Use of an in-center evaluation/therapy/consultation in developmental, social and psychological, development (with a prompt, simple evaluation process and frequent staff case conferences) was listed by 10% of the projects as an effective procedure for service delivery. Assisting families in identifying and dealing with other helping agencies was also recommended.

Other strategies included establishment of centers in outlying areas to bring group programs to families far from the main center; families split the travel with project staff. Meetings are held in churches, health centers, schools, day care centers, and homes of children. Staff of the satellite site live in the rural area; other agency personnel are used on part-time basis.

An interdisciplinary approach, with staff knowledgeable in many areas of dealing with the child and with services to parents, was listed as effective by 13% of the projects. A variation of this, the transdisciplinary approach, utilizes one staff member as a primary interventionist. Several handicapping conditions are served in the same program. Obtaining input from various specialists to ensure the best individual education plan was also suggested. Use of trained paraprofessionals, indigenous to the area and familiar with the region and lifestyle is employed by 10% of the projects.

Thirteen percent of the projects indicated that providing parent education has been a successful approach to delivering services and programs. Parent education activities range from prevention to remediation, with parents involved in administration of the screening test, data collecting, and learning their rights and those of their children. Behavioral activities sheets are used by some to coordinate teaching efforts of project staff, parents and non-project persons. Project group meetings that include parents, project staff, staff/inservice and also parent support organizations were emphasized. Use of an individualized approach for each family was stressed by 13% of the projects as an effective practice. Individualization includes sensitivity to the client's situation and unique needs; acceptance of variant lifestyles and consideration of parents' ability to follow through when determining program structure; and flexibility in provision of services. Providing counseling and referral services for other family problems is also useful. Some indicated that a strong parent organization with a good relationship with supportive community agencies is a definite advantage.

Additional Comments and Suggestions

The final question on the Rural Project Survey asked for additional comments or suggestions about the unique characteristics, strengths, or weaknesses of rural programs and about the Rural Consortium (new Rural Network) objectives. Respondents' answers were thoughtful and provocative. They displayed confidence in their strategies and in the families with whom they worked. Their comments illustrated their fears about the future and their awareness of the weakness of the system, but yet indicate hope for the future of rural service delivery.

> Effective tracking systems need to be established to ensure that clients do not "fall through the cracks" while encountering the bureaucracy.
>
> Fewer services are available. Services are harder to provide due to large area. Materials are hard to get and hard to keep. Children with problems are not identified as early.
>
> Our country's economic state should have a serious effect upon the rural communities and the projects operating. More difficulty with funding could threaten project continuation.
>
> As a rural project we are interested in learning more ways to deliver better services to our handicapped children. We believe that many problems affecting rural handicapped children can be solved with cooperative help from the local educational agency, the state educational agency and the federal educational agency.
>
> Our major problem is that the State Legislature has not permitted or required comprehensive early childhood special education in the public schools. Rural school districts cannot afford to start programs on their own without state funds.
>
> Provincialism in rural communities is both a strength and a weakness. While many technological facilities are not available (e.g., medical centers), there is a great deal of cooperative effort among agencies without the usual red tape. Also the communities serve as an extended family for families of handicapped children.
>
> A weakness is that handicapped high risk infants are often removed from the mothers immediately following birth to receive special hospitalization in a distant hospital.
>
> Rural parents can be very supportive of programs where they are involved and are brought to an understanding of program goals and objectives . . . Without a feeling of being part of the educational team, many parents will work against you.

Parents seem eager to cooperate in their homes. Families try to "make do" thereby creating their own sense of normalizing. When services are available, the teacher/pupil ration is high.

Many doctors and professionals tend to treat rural parents as if they are "dumb" when they are poor. This is a real mistake.

Observations on the Rural Consortium included:

The group's organization is impressive, and the well-defined, limited focus is sensible. You've chosen achievable and necessary tasks.

I am glad to see that communication and cooperation between rural programs is improving. Your survey is certainly another step towards that goal.

Well pleased with Rural Consortium developments to date. I don't think we are going to discover any magical solutions to service-delivery problems that have faced folks in less populated areas across the globe for a long, long time. I am convinced that services in less populated areas are going to cost more than equivalent services in towns and cities. A primary task for all concerned is to develop and implement effective strategies aimed at convincing elected and bureaucratic officials that investment in less populated areas is worthwhile, desirable.

Summary

The requests of the three surveys, Conference Planning Survey, Demographic Survey, and Rural Project Survey, illustrate that there has been already an enormous investment in time, money, love and hard work by families and service providers in helping the handicapped children in our nation's rural areas. There have been problems and there have been solutions which vary in effectiveness.

The three major problems cited by rural projects, transportation, staff recruitment, and funding sources, are being managed by some projects. For newly-developed projects, there is encouragement and some suggested ways and means of coping with the difficulties. Each project must find its own way, however, making as much use as possible of existing local resources so as to build a foundation for continuing support when federal funds are reduced or withdrawn. This has been the guiding principle of HCEEP since its inception.

The notion that money alone is the cure is a tempting raft in the flood of needs. The fact remains, however, that people provide services, and money does not guarantee quality or dedication. The most hopeful aspect of the state of the art is the skill of the people involved in services to preschool handicapped children. Projects are conceived with a variety of objectives, but usually with the single goal of improving the quality of services to young handicapped children. As projects develop, objectives may change and foci may shift, but the goal remains constant. Our task remains one of convincing the public, parents and legislators that handicapped children deserve no less than our best efforts in providing them with the educational services they, like all children, require.

APPENDIX A

BEH-HCEEP Rural Consortium
State of the Art Task Force

Rural Project Survey
January, 1980

Project Name _____

Project Address _____

_____

_____

Project Phone Number _____

Year of Funding Demonstration _____ Outreach _____

Name of Person Filling Out Form _____

Title of Person Filling Out Form _____

Directions: Please respond to these open-ended items from your Project's point of view as it relates to delivering services to rural handicapped young children (beginnine at birth) and their families.

1. List three procedures, practices, or approaches which you consider most effective (those which "really work"), in delivering services/ programs to children and families in rural areas.

(1) _____

_____

_____

_____

(2) _____

_____

_____

_____

(3) _____

_____

_____

2. The TADS-WESTAR survey returns showed that the following were the three most critical problems, in order, faced by rural service providers:

   1. Transportation
   2. Recruiting staff for rural areas
   3. Securing funding for rural programs

   The matrix below lists these problems, plus those you'd like to add, and is primarily concerned with SOLUTIONS.

   1. In the first column, list solutions that you find work for your project.
   2. In the second column, list solutions or approaches that are used by other programs you know about. Please cite the source here.
   3. In the third column, list other possible solution sources (films, books, articles) that might be helpful.

Problem Area Identified in TADS-WESTAR Survey	Solutions that work for your project	Other exemplary Program Solutions (cite program source and solution)	Other sources for possible solutions (media, book, articles) that might help others
2.1 Transportation	2.1.1	2.1.2	2.1.3
2.2 Recruiting Staff for Rural Areas	2.2.1	2.2.2	2.2.3
2.3 Securing Funding for Rural Programs	2.3.1	2.3.2	2.3.3
2.4 Your own Major Problem(s) Not listed above	2.4.1	2.4.2	2.4.3

3. The TADS-WESTAR survey showed that the following problems listed in order below, were the most critical problems faced by rural families. Where you can, please provide solutions across the three columns in a format similar to question 2.

Problem Area Identified in TADS-WESTAR Survey	Solutions that work for your project	Other exemplary program solutions (cite program source and solution)	Other sources for possible solutions (media, book, article) that might help others
3.1 Transportation children to services	3.1.1	3.1.2	3.1.3
3.2 Getting appropriate services	3.2.1	3.2.2	3.2.3
3.3 Knowing about available services	3.3.1	3.3.2	3.3.3
3.4 Paying for services	3.4.1	3.4.2	3.4.3
3.5 Isolation from other services and other parents	3.5.1	3.5.2	3.5.3
3.6 Your own problem(s) related to those faced by families	3.6.1	3.6.2	3.6.3

4. Define the term "rural" as it is used in your project.

5. If you have additional comments or suggestions about the unique characteristics, strengths, or weaknesses of rural programs, or about the Rural Consortium directions, please make them here.

Please return this form in the enclosed self-addressed stamped envelope by JANUARY 30, 1980 to:

Patricia L. Hutinger, Ed.D.
Project Director
Outreach: Macomb 0-3 Regional Project
Horrabin Hall 27
Western Illinois University
Macomb, Illinois 61455

APPENDIX B

Respondents to the Demographic Survey

DEMONSTRATION

Chesapeake Home Intervention Clinical School, Chesapeake, Virginia
Child-Family Community Project, Ochlocknee, Georgia
Comprehensive Services for Handicapped, Rural Young Children, Springfield, Missouri
Demonstration Grant for Pre-School Hearing and Language Impaired Children in a Rural Setting, Columbus, Mississippi
Early Childhood Center--HCEEP, Glocester, Rhode Island
Early Lifestyle Program Demonstration Project, Columbia, Tennessee
Family Link I, Lubbock Texas
FIT Project, Nashville, Tennessee
HOME-BASED PRESCHOOL, Ferndale, Washington
I Can/Will Do It Project, Boone, North Carolina
Indiana Integrated Model Preschool Program, Bloomington, Indiana
JEEPS, Grand Junction, Colorado
Little Egypt Early Childhood Program, Karnok, Illinois
A Model Preschool Center, Spokane, Washington
Parent Involvement Program for Infants, Cassadaga, New York
Project CATCH, Alamosa, Colorado
Project CHART, Morgantown, West Virginia
Project PEEEC, Murray, Kentucky
Project Sunrise, Billings, Montana
REACH Project, Northampton, Massachusetts
S.O.S. (Seek Out and Serve), Hastings, Nebraska
TEACH Project, Fairbanks, Alaska
Tecler Diagnostic Center, Amsterdam, New York

OUTREACH

Access to Mainstream--Outreach, Colerain, North Carolina
Child Development Resources, Inc., Lightfoot, Virginia
Multi-Agency Project for Preschoolers (MAPPS), Logan, Utah
Outreach Project, Clinch-Powell Educational Cooperative, Tazewell, Tennessee
The Portage Project, Portage, Wisconsin
Project RHISE/Outreach, Rockford, Illinois
Project RUN/Outreach, Oxford, Mississippi
Project SKI*HI, Logan, Utah
Rural Infant Stimulation Environment (RISE), University of Alabama

EMERITUS

Comprehensive Preschool Program for Rural and Non-Urban Areas, Fargo, North Dakota
Early Intervention Project/Outreach, Ann Arbor, Michigan
Family and Infant Learning Program, Morgantown, West Virginia
PEECH Outreach, Wichita Falls, Texas
Saginaw County Child Development Centers, Inc., Project PRAR, Saginaw, Mississippi
United Cerebral Palsy Infant Stimulation Program, Butler, Pennsylvania

APPENDIX B (continued)

Respondents to the Rural Project Survey

*Access to Mainstream Outreach
Training Project
Route 1, Box 335
Colerain, North Carolina 27924

Butler County School Board Council
Early Childhood Program
P.O. Box 104
El Dorado, Kansas 67042

*C-F-C
P.O. Box 110-A
Ochlocknee, Georgia 31773

Center for the Developmentally Disabled
Southeastern Oklahoma State University
Station A
Durant, Oklahoma 74701

*Chesapeake Home Intervention Clinical
School Project
2107 East Liberty Street
Chesapeake, Virginia 23324

*A Comprehensive Program for Preschool
Handicapped Children and Their Families
in Rural and Non-Urban Areas
108 South 8th Street
Fargo, North Dakota 58103

*Comprehensive Services for Rural
Handicapped Young Children
1515 Pythian
Springfield, Missouri 65801

Early Childhood Center
Chepachet School
Chepachet, Rhode Island 02814

Early Intervention Program -
Rural Based Demonstration Project
St. Lawrence-Lewis Co. BOLES
Outer State Street
Carton, New York 13617

*Early Intervention Project and
Early Intervention Project Outreach
ISMRRD
130 South First Street
Ann Arbor, Michigan 48103

*Family & Infant Learning Program
Valley Community Mental Health Center
301 Scott Avenue
Morgantown, West Virginia 26505

*Family Link
Special Projects Division
Box 4170
Texas Tech University
Lubbock, Texas 79409

*Ferndale Homebased Pre-school
Ferndale School District
P.O. Box 428
Ferndale, Washington 98248

HICOMP (Handicapped Infants Comprehensive
Outreach Model Program)
315 CEDAR
University Park, Pennsylvania 16802

*I Can/Will Do It Project
Appalachian State University
Department of Special Education
Edwin Duncan Hall
Boone, North Carolina 28608

Infant Care Program
Merced County Department of Education
632 West 13th Street
Merced, California 95340

INREAL Outreach
P.O. Box 121
University of Colorado
Boulder, Colorado 80309

*Little Egypt Early Childhood Program
JAMP Diagnostic Center
Route 1
Karnak, Illinois 62956

Magnolia Home and School Program
Magnolia School District #14
P.O. Box 428
Magnolia, Arkansas 71753

*Model Preschool Project
1025 West Indiana
Spokane, Washington 99205

Multi-Categorical Preschool
Developmental Training Center
2853 East Tenth Street
Bloomington, Indiana 47401

New Vistas
P.O. Box 2332
Santa Fe, New Mexico 87501

Northern Lakes Region Special Services
Humiston Building
Meredith, New Hampshire 03253

Oklahoma State Department of Education
2500 North Lincoln Blvd.
Suite 2-63
Oklahoma City, Oklahoma

*Outreach: Macomb 0-3 Regional Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455

APPENDIX B (continued)

Parent Involvement Program for Infants (PIP)
231 Roberts Building
Jamestown, New York 14701

*Pre-School Handicap
Clinch-Powell Educational Cooperative
P.O. Box 279
Tazewell, Tennessee 37879

*Project C.H.A.R.T.
University Affiliated Center
311 Oglebay Hall
West Virginia University
Morgantown, West Virginia 26506

Project for the Early Education of Exceptional Children
Special Education Building
Murray State University
Murray, Kentucky 42071

Project ForSight
Texas School for the Blind
1100 West 45th Street
Austin, Texas 78756

Project PEEP (Parent Education--Early Prevention)
135 West 6th
Colby, Kansas 67701

Project REECH (Remedial Early Education for Children-Handicapped)
Monroe County Schools
P.O. Box 330
Union, West Virginia 24134

*Project RHISE/Outreach
650 North Main Street
Rockford, Illinois 61103

*Project RUN/OUTREACH
North Mississippi Retardation Center
P.O. Box 967
Oxford, Mississippi 38655

*Project RURAL
Mississippi University for Women, Speach and Hearing Center
P.O. Box W-1340
Columbus, Mississippi 39701

*Project SKI*HI
Department of Communications Disorders
Utah State University
Logan, Utah 84321

*Project TEACH
1020 Barnette
Fairbanks, Alaska 99701

Project WISP/Outreach
Box 3224
University Station
Laramie, Wyoming 82071

Providence Project
916 Pacific Avenue
P.O. Box 1067
Everett, Washington 93206

Punkin' Patch Project
High Plains Educational Cooperative
919 Zur Road
Garden City, Kansas 67846

*The REACH Project
Vernon Street School
Vernon Street
Northampton, Massachusetts 01060

The RIP Expansion Project
2400 White Avenue
Nashville, Tennessee 37204

*Saginaw County Child Development Centers, Inc.
PROJECT PAR
P.O. Box 3224
Saginaw, Michigan 48605

*SEEK OUT AND SERVE
P.O. Box 2047
Educational Service Unit #9
Hastings, Nebraska 68901

*Tecler Diagnostic Center
Greater Amsterdam School District
11 Liberty Street
Amsterdam, New York

*TELSTAR
1691 M-32 West
Alpena, Michigan 49707

Top of Alabama Regional Education Service Agency, Handicapped Children's Early Education Program
3125 University Drive, Suite 2-C
Huntsville, Alabama 35805

Vinton County Early Intervention for Non-Categorical Handicapped Children
Vinton County Local Schools
Memorial Building
McArthur, Ohio 45651

*Those projects which responded to both the Demographic Survey and the Rural Project Survey.

About the HCEEP Rural Network

The Handicapped Children's Early Education Program (HCEEP) Rural Network is an association of professionals representing educational programs for young handicapped children in rural communities. Members are drawn primarily from projects supported by the HCEEP, Office of Special Education, Department of Education. Formed in 1978, the Rural Network undertook to provide a voice for rural America's young handicapped children and their families. The network aimed to increase educational opportunities for this population through the accomplishment of a variety of activities. Participating projects also intended to enhance their own effectiveness in providing educational and supportive services in rural areas. For further information, contact:

Harris Gabel
P.O. Box 151
Peabody College of Vanderbilt University
Nashville, Tennessee 37203

or

Patricia Hutinger
Outreach: Macomb 0 - 3 Regional Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455

or

Connie Garland
731 Wax Myrtle Lane
Houston, Texas 77079

Additional copies of this monograph may be secured by sending $3.00 to cover cost of production and mailing to:

Rural Network
College of Education
Room 27, Horrabin Hall
Western Illinois University
Macomb, Illinois 61455

Prices subject to change without notice.

5/81-600-10281

Topics for the first series of Rural Network Monographs include:

- An Overview of Initial Survey Results
- Influencing Decision Makers
- Cost Analysis
- Parent Involvement
- Transportation
- Interagency Coordination
- Recruiting Staff
- Securing Funds
- Service Delivery Models